COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My citizenship, residence and post office address are as listed below next to my name.

I believe I am the original, first and [] sole/[x] joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled: METHODS AND COMPOSITIONS FOR SYNTHESIS OF OLIGOSACCHARIDES, AND THE PRODUCTS FORMED THEREBY.

the spe	ecification of which	1	
(a) []	is attached heret	0.	
(b) []	was filed on	as Application Serial No	and was amended
(c) [X]		nd claimed in International Application per 12, 1995 and amended on	
		Acknowledgment of Duty of	Disclosure
includir informa	ng the claims, as a	reviewed and understood the content mended by any amendment referred t erial to the patentability of the subject n Code of Federal Regulations § 1.56(a	o above. I acknowledge the duty to disclose natter claimed in this application in
		Continuation-In-Part App	lication
listed be prior Ur § 112, I regulati	elow and, insofar nited States applic acknowledge the	as the subject matter of each of the cla ation in the manner provided by the fir duty to disclose material information a ich occurred between the filing date of	120 of any United States application(s) aims of this application is not disclosed in the st paragraph of Title 35, United States Code as defined in Title 37, Code of Federal the prior application and the national or PCT
	71,175	December 12, 1995	patented
(Applicati	on Serial No.)	(Filing Date)	(Status)(patented,pending,abandoned
(Application	on Serial No.)	(Filing Date)	(Status)(patented,pending,abandoned

Power of Attorney

I hereby appoint Carl Oppedahl, PTO Reg. No. 32,746, Marina T. Larson, PTO Reg. No. 32,038, and Nancy J. Parsons, PTO Reg. No. 40,364 of the firm of OPPEDAHL & LARSON, having office at P.O. Box 5270, 611 Main Street, Frisco, CO 80443 as attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

SEND CORRESPONDENCE TO: OPPEDAHL & LARSON P.O. Box 5270 Frisco, CO 80443-5270 DIRECT TELEPHONE CALLS TO: OPPEDAHL & LARSON (970) 668-2050

Claim for Priority

I hereby claim priority under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have identified any foreign applications for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

EARLIEST FOREIGN APPLICATION(S), FILED WITHIN TWELVE MONTHS (6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION				
COUNTRY	APPLICATION NO.	DATE OF FILING (day/month/year)	DATE OF ISSUE (day/month/year)	PRIORITY CLAIMED
				YES[]NO[]
				YES[]NO[]
				YES[]NO[]
FOREIGN APPLICATION(S), IF ANY, FILED MORE THAN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION				
COUNTRY	APPLICATION NO.	DATE OF FILING (day/month/year)	DATE OF ISSUE (day/month/year)	PRIORITY CLAIMED
				YES[]NO[]
				YES[]NO[]

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR	LAST NAME WITHERS	FIRST NAME STEPHEN	MIDDLE NAME G.
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE VANCOUVER	STATE OR COUNTRY OF RESIDENCE CANADA	COUNTRY OF CITIZENSHIP CANADA
POST OFFICE ADDRESS Department of Chemistry University of British Columbia		CITY VANCOUVER	STATE/COUNTRY ZIP CODE V6T 1Z1 CANADA
BASEptante 1998		SIGNATURE S.C. Will	

[X] Signature for additional joint inventor attached. Number of Pages 1

^[] Signature by Administrator(trix) or legal representative for deceased or incapacitated inventor. Number of Pages ___.

^[] Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR § 1.47. Number of Pages ___.

NAME OF SECOND INVENTOR	LAST NAME MacKenzie	FIRST NAME Lloyd	MIDDLE NAME		
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE VANCOUVER	STATE OR COUNTRY OF RESIDENCE CANADA	COUNTRY OF CITIZENSHIP CANADA		
POST OFFICE ADDRESS Department of Chemistry University of British Columbia		CITY VANCOUVER	STATE/COUNTRY ZIP CODE CANADA V6T 1Z1		
DATE Sept 2/98		SIGNATURE	· An		
NAME OF THIRD INVENTOR	LAST NAME WANG	FIRST NAME QINGPING	MIDDLE NAME		
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE MONTREAL	STATE OR COUNTRY OF RESIDENCE CANADA	COUNTRY OF CITIZENSHIP CANADA		
POST OFFICE ADDRESS 95 Sedgefield Avenue		CITY Pointe Claire	STATE/COUNTRY ZIP CODE CANADA H9R 1N8		
DATE		SIGNATURE	SIGNATURE		
NAME OF FOURTH INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME		
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE	STATE OR COUNTRY OF RESIDENCE	COUNTRY OF CITIZENSHIP		
POST OFFICE ADDRESS		CITY	STATE/COUNTRY ZIP CODE		
DATE		SIGNATURE	SIGNATURE		
NAME OF FIFTH INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME		
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE	STATE OR COUNTRY OF RESIDENCE	COUNTRY OF CITIZENSHIP		
POST OFFICE ADDRESS		CITY	STATE/COUNTRY ZIP CODE		
DATE		SIGNATURE	SIGNATURE		

		<u></u>		
NAME OF SECOND INVENTOR	LAST NAME MacKenzie	FIRST NAME Lloyd	MIDDLE NAME	
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE VANCOUVER	STATE OR COUNTRY OF RESIDENCE CANADA	COUNTRY OF CITIZENSHIP CANADA	
POST OFFICE ADDRESS Department of Chemistry University of British Columbia		CITY - VANCOUVER	STATE/COUNTRY ZIP CODE CANADA V6T 1Z1	
DATE		SIGNATURE		
NAME OF THIRD INVENTOR	LAST NAME WANG	FIRST NAME QINGPING	MIDDLE NAME	
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE MONTREAL O.W Kirkland	STATE OR COUNTRY OF RESIDENCE CANADA	COUNTRY OF CITIZENSHIP CANADA	
POST OFFICE ADDRESS 95-Sedgefield-Avenue Q. ω 153 Denault		CITY Pointo Claire Q.w Kirkland, Quefec	STATE/COUNTRY ZIP CODE CANADA H9R-1N8 H9J 3X2	
DATE Sept. 17, 98		SIGNATURE. Oppip Wanp		
NAME OF FOURTH INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME	
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE	STATE OR COUNTRY OF RESIDENCE	COUNTRY OF CITIZENSHIP	
POST OFFICE ADDRESS		CITY	STATE/COUNTRY ZIP CODE	
DATE		SIGNATURE		
NAME OF FIFTH INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME	
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE	STATE OR COUNTRY OF RESIDENCE	COUNTRY OF CITIZENSHIP	
POST OFFICE ADDRESS		CITY	STATE/COUNTRY ZIP CODE	
DATE		SIGNATURE		